VERIFICATION OF CLINICAL COMPETER For use of this form, see AR 4	TENCIES FOR EMERGENCY 40-68; the proponent agency is the Of			R (SI M5)
1. NAME (Last, first, middle)	2. RANK		3. DATE	(YYYYMMDD)
4. UNIT MAILING ADDRESS	5. AOC		7. COMPONENT: USA ARN USAR	
	6. UNIT PHONE NUMBER			
TO BE COMPLETED BY THE INDIVIDUAL'S RN CLINIC ability to perform patient care nursing activities in an emerg medications, and evaluate emergency patients (of all a	gency care setting. This includes the			•
SH	KILLS		INITIALS	DATE (YYYYMMDD)
RESPIRATORY				
1. Airway obstruction, asthma, bronchitis/URIs, COPD, inh pulmonary embolus, hyperventilation, respiratory distress pneumothorax, hemothorax, tension pneumothorax, ruptur contusion.	syndrome, aspiration, pleural effusion,	bronchiolitis, flail ches	' I	
2. Skills:				
a. Basic/advanced airway adjuncts including cricothyro	otomy assistance.			
b. Oxygen delivery devices.				
c. Ventilation (manual/mechanical).				
d. Pulse oximetry.e. End tidal CO2 monitoring.				
f. NT/ET/OT suctioning and specimen collection.				
g. Rapid sequence induction assistance.				
h. ABGs.				
i. Chest tube insertion assistance and drainage.				
j. Recognition of breath sound anomalies including ac	dventitious breath sounds.			
k. Isolation.				
CARDIOVASCULAR				
Cardiac dysrhythmias; pericarditis; angina; infarction; c aneurysm; cardiac arrest; peripheral vascular disease (e.g cardiovascular conditions; cardiac tamponade; cardiac co	a., arterial, venous) thromboembolism;	pharmacology unique	ro l	
2. Skills:				
a. External defibrillator/cardioversion/pacemaking.				
b. Cardiac monitor- 3 and 5 lead.				
c. Obtain and interpret 12 lead EKG.				
d. MONA/ACLS medications.				
e. NIBP monitoring/arterial and central venous line ins	ertion assistance and monitoring.			
MULTI-TRAUMA / SHOCK				
1. Trauma triage; hypovolemia; cardiogenic shock; distribu trauma (blast, projectile, burn, environment, chemically co		ogenic, spinal); multiple	9	
2. Skills:				
a. Direct pressure.				
b. Bandaging including hemostatic dressings.	augaitation			
 c. Parkland and modified Brooke formulas for burn res d. Lund/Browder charting/estimation of burn area. 	อนจดเลแบบ.			
e. Blood product transfusions (specific/non-specific, w	hole blood, factor VII).			
f. Decontamination.				
g. Local trauma system referral locations.				
h. Body warmers.				
i Fluid warmers and infusers				

j. Trauma system documentation. k. Tourniquet. l. Interpret tab values (CBC. INR, ph. CB2, IPCB3). m. Decontaminate contamination patient. n. Venousfintraosseous IV access	MULTI-TRAUMA / SHOCK (continued)	INITIALS	DATE (YYYYMMDD)
L. Interpret lab values (CRG. (IMR, PH. COZ. HCO3). m. Decontaminate contamination patient. n. Venousinitraosseous IV access. c. MAST trouser removal. Costro-Profile (VolVDM MANAGEMENT) Inflammatory conditions (e.g., bursitis, tendonitis, arthritis, gout); carpal turnol syndrome; joint effusion: costochordritis, low back pain; catteronyelitis; (gament and musuolutendrinous injuriespatrains and sprains; fracture/dislocations, compartment syndrome; ampliantors, lecorations, astrosions; controlisms; avaisions; avaisi	j. Trauma system documentation.		
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ORTHOPEDIC / WOUND MANAGEMENT 1. Inflammatory conditions (e.g., bursitis, surfamits, gout); carpal turnel syndrome; joint effusion; costochondrifis; low back pain; ceteornyellis; ligament and musculotendinous injuries/strains and sprains; fractures/discleations, compartment syndrome; amputations, becerations, shresions; contusions; avuisions; wound-related infections; puncture wounds; foreign bodies, belistic injuries; bites and stings, peripheral vascular trauma. 2. Skille: a. Spinting. b. Crutch instruction. c. Bandaging. d. Wound care and irrigation. e. Suturing assistance. l. Application/discontinuation of traction devices. g. Tournigues. h. Procedural sedation. l. Peripheral neva assessment. j. Ankle brachala index calculation. k. Compartment syndrome recognition and actions. OBSTETRICAL GENITOURINARY ONECOLOGICAL 1. Vaginal bleeding, spontaneous abortion, placenta previa, placenta abruption, preeclampsia, eclampsia, emergency delivery, postpartum hemorrhage, ectopic pregnancy, trauma in pregnancy, newborn resuscitation, hyperemessing randarum, preteral bach; ructive y trauma, urnary tract infaction, pylonephritis, epiddymis, testicular torsion, gental trauma, renal calculi, prostatiis, benign prostatic hypertrophy, orthitis, univary treatment, philmosis, petic infilammatory desease (PD). Torigin bodies, ovarian cyst, vaginal discharge, sexual assault, vaginal bleeding dysfunction, Bartholin's cyst. 2. Skillie: a. Emergency childbirth. b. Urnary cathetrication. f. Fetal heart monitoring. d. Resuscitation of infant/mother. e. Sexual assault evidence collection and reporting. f. STD cultures and reporting. f. Froulding massage. h. Provides psychosocial support. NEUROLOGICAL 1. Headache: stroke/transient ischemic attack; Cushing's triad shunt dysfunctions; seizure disorders. Guillain-Barre syndrome: Altheimer's disease/dementa; increased intacranial pressure, head injury (e.g., concussion, diffuse axonal riyun's skull tractures (e.g., hinear, depressed, basilar); epidural hematoma; substarchionid hemo	·		
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c. Helmet removal. d. Dermatome assessment. e. ICP monitoring. f. Lumbar puncture assistance.			
d. Dermatome assessment. e. ICP monitoring. f. Lumbar puncture assistance.	·		
e. ICP monitoring. f. Lumbar puncture assistance.			
f. Lumbar puncture assistance.			
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Page 2 of 5 APD LC v1.01ES DA FORM 7654, APR 2009

GASTROINTESTINAL	INITIALS	DATE (YYYYMMDD)
1. Gastritis; ulcers (e.g., helicobacter); GI obstructions (e.g., pyloric stenosis, bowel obstruction, constipation, fecal impaction, colic); intussusception; appendicitis; pancreatitis; cholecystitis; cholelithiasis; diverticulitis; GI bleeding; peritonitis; inflammatory bowel disease; cirrhosis; esophagitis; hernias; gastroenteritis; liver injuries; splenic injuries; colon injuries; other abdominal trauma (e.g., stomach, esophageal, pancreatic, mesenteric).		
Skills: a. NG/OG tube.		
b. Lavage. c. FAST exam.		
MAXILLOFACIAL / OCULAR / DENTAL		
1. Dental emergencies; otitis; Ludwig's angina; ruptured tympanic membrane; foreign body-ear; Meniere's disease; labyrinthitis; epistaxis; nasal fracture; foreign body-nose; pharyngitis; tonsillitis; laryngitis; peritonsillar abscess; foreign body-throat; soft tissue injuries to the neck; epiglottitis/croup; fractured larynx; soft tissue facial injuries; mandibular fractures; maxillary fractures; zygomatic fractures; sinusitis; temporomandibular joint (<i>TMJ</i>) dislocation; facial nerve disorders (e.g., Bell's palsy, trigeminal neuralgia, temporal arteritis); conjunctivitis; iritis; central retinal artery occlusion; glaucoma; corneal abrasion/foreign body/burn; orbit fracture; chemical burns; hyphema; eyelid laceration; globe rupture; retinal detachment.		
2. Skill: a. Irrigation.		
b. Visual acuity.		
c. Splinting. d. Bandaging.		
e. Fluorescein dye.		
PSYCHOSOCIAL		
1. Anxiety/panic; depression; suicide; homicidal/violent; psychotic; bipolar disorder; eating disorders (e.g., anorexia, bulimia); sudden infant death syndrome; bereavement; situational crisis (e.g., job loss, divorce); abuse (child, adult, elderly, detainee/prisoner); end-of-life issues (e.g., DNR, family presence, withdrawal of support).		
2. Skills: a. Patient safety.		
b. Physical restraints.		
c. Abuse/assault reporting and management.		
d. Provide psychosocial support.		
e. End-of-life care support.		
PATIENT CARE MANAGEMENT		
1. Patient and family education; community education; disaster management process and priorities (including bioterrorism and weapons of mass destruction); clinical assessment (e.g., pain, ABGs, diagnostic interpretation); communication; medication and fluid administration; organ donation; patient safety; general pharmacology (e.g., related to more than one disease process or system); population-specific issues (e.g., Soldier, pediatric, geriatric, culture, special needs); triage and priority setting; discharge planning; interfacility stabilization and transport (e.g., system components, patient care); intrafacility (e.g., admission, holding and boarding); principles of ground and air EMS transport.		
Skills: a. Laboratory tests and interpretation.		
b. Triage.		
c. Radio/telephone communications.		
d. Package patient for ground/air transport.		
e. Provide patient teaching (written/verbal).		
SUBSTANCE ABUSE/TOXICOLOGICAL/ENVIRONMENTAL CONDITIONS		
1. Heat-related systemic emergencies; cold-related systemic emergencies; frostbite; submersion injury (e.g., fresh, saltwater, decompression); burns (e.g., thermal, electrical, chemical); radiation/hazardous material exposure; systemic envenomation emergencies (e.g. spiders, snakes, aquatic organisms); systemic infectious conditions from environment (e.g., rabies, Lyme disease, plague, cat scratch fever, Rocky Mountain spotted fever, Hantavirus); carbon monoxide exposure; salicylates; acetaminophen; recreational drugs (opiates, amphetamines, hallucinogens, cocaine); tricyclics; sedatives/hypnotics/barbiturates; iron; acids and alkalis; heavy metal; cyanide; plants; organophosphates; insecticides; food poisoning (e.g., botulism, hemolytic uremic syndrome, E. coli, Shigella, Salmonella); petroleum distillates; alcohol abuse (delirium tremens, withdrawal syndrome, detoxification); benzodiazepines therapeutic drug toxicity (over-the-counter, alternative therapies).		

Page 3 of 5 APD LC v1.01ES DA FORM 7654, APR 2009

	ONMENTAL CONDITIONS (continued)		INITIALS	DATE (YYYYMMDD)	
2. Skills:				,	
 Mandatory reporting. 					
b. Patient safety.					
c. Decontamination.d. Heating/cooling blankets.					
d. Heating/cooling blankets. e. Antidotes.					
f. Protocol for CBRNE process or HAZMAT.					
MEDICAL/COMMUNICABLE DISEASE CONDITIONS					
hepatitis; HIV; tuberculosis; STD; childhood dise infectious mononucleosis; hyperglycemia (includ (e.g., Graves, thyroid storm, myxedema coma); s dyscrasias (e.g., anemia, idiopathic thrombocyto	reaction vs. anaphylaxis: renal failure; electrolyte/fluases (e.g., measles, mumps, pertussis, chicken poxing diabetes mellitus, HHNK, DKA); hypoglycemia; tsickle cell crisis; hemophilia (e.g., von Willebrand's); penia purpura, polycythemia); disseminated intravasidia, ringworm, tineas, tapeworms, pinworms, lice, medogkin's, chemotherapy, leukemia).	r); meningitis; hyroid orders blood scular oagulation			
2. Skills:	_	1			
 a. Serum/fingerstick blood glucose monitoring b. Reportable conditions. 	g.	•			
c. Isolation techniques.					
d. Laboratory procedures and testing.					
PROFESSIONAL PRACTICE ISSUES					
etc.); organizational staffing issues; critical incide development/precepting/peer review; emergency registry; medical rules of engagement (MROE) w	tuations, forensic evidence collection processes, doint stress management (CISM); compassion fatigue; department quality improvement; EMS quality impritin theaters of operation; medical ethics. There to obtain local, State, federal, Army, and Joint and the state of the state o	; professional ovement; trauma			
LIFE SUPPORT TRAINING					
IAW AR 40-68, the individual named above has	provided evidence that they recesse				
	provided evidence that they bossess				
a. Current basic life support (BLS) certificate of ti	* *]			
a. Current basic life support (BLS) certificate of trib. Current advanced cardiac life support (ACLS)	* *	tute for BLS.)			
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Page 4 of 5 APD LC v1.01ES DA FORM 7654, APR 2009

IMPLEMENTATION INSTRUCTIONS FOR VERIFICATION OF CLINICAL COMPETENCIES: CRITICAL CARE NURSING (ASI 8A) AND EMERGENCY NURSING (AS1 M5)

1. Responsibilities:

- a. Commanders will ensure assigned Army Nurse Corps (AN) officers with additional skill identifiers (ASI) in critical care (8A) or emergency (M5) nursing are fully prepared to perform the fundamental technical skills required to maintain clinical competency in their ASI.
- b. The Deputy Commander for Nursing (DCN)(or comparable title) /Chief Nurse (CN) will ensure resources and support are available for the 8A and M5 to maintain competency in the requisite ASI.
- c. The Army Medical Department Center and School will initiate the skills verification checklist during the ASI producing course and forward to the Soldier's unit of assignment (or designated location) for inclusion in his/her competency assessment file (CAF). In addition, the skills verification checklist will be utilized as the means of validation for ASI applicants not attending the ASI producing course.
- d. The Human Resources Command, Active Component (AC), and Reserve Component (RC) will award the ASI to appropriately qualified 66Hs.
- e. Each 8A or M5 is responsible for sustaining his/her skills as necessary to maintain clinical proficiency appropriate to the ASI held. Work-related circumstances impacting the ability to maintain competency of the ASI or failure to maintain documentation of competency will be reported through the nursing chain of command.

2. Skills verification requirements:

- a. The requirement for skills verification is biennial (every 2 years) for both AC and RC. This requirement does not replace the validation of competency relevant to the individual's unit/position of assignment as required by existing local standards and scope.
- b. With the endorsement of the DCN/CN (or designee authorized by the CN), ANs awarded either the 8A M5 ASI may use their civilian work setting for initial validation and the biennial revalidation of competency. If skills verification is performed by a civilian employer, a clearly legible by-name point of contact, telephone number, and address (preferably e-mail) for contact purposes is required. For individuals assigned to MTFs having limited availability of complex patients with high acuity nursing needs, the DCN/CN should consider a memorandum of understanding with a local civilian healthcare facility/other Federal facility or temporary duty to an MTF with adequate high volume, high acuity patients to support the validation of the requisite ASI-related skills.
- c. The AN's supervisor/head nurse will assess competency through observation of direct patient care or clinical case study review and analysis (selected complex patients with whom the 8A and M5 has been significantly involved). Competencies may also be evaluated by return demonstration in a skills lab. Successful attainment and maintenance of the Emergency Nurses Association Certification (CEN) or the American Association of Critical-Care Nurses Certification (CCRN) may substitute as qualification for revalidation of ASI -related knowledge and skills.
- d. The completed competency verification checklists (DA Forms 7653 or 7654) will be maintained in the 8A's or M5's CAF and will transition with the Soldier throughout his/her Army career.

DA FORM 7654, APR 2009 Page 5 of 5